

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece.



Dr. Milland H. McWhorter, III, MD  
408 South 3 Notch Street  
Andalusia, AL 36420

## 2. Article Number

(Transfer from servc

7005 1820 0002 3461 0058

PS Form 3811, February 2004

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X Lurline Mahaffey ☐ Agent ☐ Addressee

## B. Received by (Printed Name)

Lurline Mahaffey

## C. Date of Delivery

7/24

address different from item 1? ☐ Yes  
or delivery address below: ☐ No

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

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